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Bib Data Sheet

CONFIRMATION NO. 8506

SERIAL NUMBER 10/687,327	FILING DATE 10/16/2003 RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. KCX-842 (19559)
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APPLICANTS

RameshBabu Boga, Roswell, GA;
 John Gavin MacDonald, Decatur, GA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance <input type="checkbox"/> Met after	STATE OR COUNTRY GA	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>				

ADDRESS
 22827
 DORITY & MANNING, P.A.
 POST OFFICE BOX 1449
 GREENVILLE, SC
 29602-1449

TITLE
 Method and device for detecting ammonia odors and helicobacter pylori urease infection

FILING FEE RECEIVED 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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CONFIRMATION NO. 9987

SERIAL NUMBER 10/687,270	FILING DATE 10/16/2003 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 18,971
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APPLICANTS

John Gavin MacDonald, Decatur, GA;

Yanbin Huang, Roswell, GA;

Kevin Peter McGrath, Alpharetta, GA; Ramesh Babu Boga, Roswell, GA;

* CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 4	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS

23556

KIMBERLY-CLARK WORLDWIDE, INC.

401 NORTH LAKE STREET

NEENAH, WI

54956

TITLE

Visual indicating device for bad breath

FILING FEE RECEIVED 1438	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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	<input type="checkbox"/> Other
	<input type="checkbox"/> Credit